

PATENT NUMBER

O.I.P.E. SCANNED <u>6/11/99</u> O.A. <u>MT</u>	PATENT DATE
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APPLICATION NO.	CONT/PRIOR	CLASS	SUBCLASS	ART UNIT	EXAMINER
09/823697		705	724	2161	Soren

NTS Keith Dively

Payment, service method and system

PTO-2040  
12/99[illegible]

<input type="checkbox"/> <b>TERMINAL DISCLAIMER</b>	<b>DRAWINGS</b>		<b>CLAIMS ALLOWED</b>		
	Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims	Print Claim for O.G.
<input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.	_____ (Assistant Examiner) (Date)		<b>NOTICE OF ALLOWANCE MAILED</b>		
	<input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____  _____  _____		<b>ISSUE FEE</b>  <table border="1"> <tr> <td>Amount Due</td> <td>Date Paid</td> </tr> </table>		Amount Due
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<input type="checkbox"/> The terminal _____ months of this patent have been disclaimed.	_____ (Legal Instruments Examiner) (Date)		<b>ISSUE BATCH NUMBER</b>		
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